FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		nstructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if r is changed		
Allyson Schwa	artz for Congress		
ADDRESS (number and	P.O. Box 2232	2	
X (Check if address is changed)	Jenkintown		
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS on Schwartz.com		,
17119961117			
	PAGE ADDRESS (URL)		
http://www.Al	lysonSchwartz.com		
COMMITTEE'S FAX N 2158819208	IUMBER		
2. DATE 0.1	3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	
3. FEC IDENTIFICA	TION NUMBER	C C00389197	
4. IS THIS STATEM	NEW (N)	OR X AMENDED (A	A)
I certify that I have exami	ned this Statement and to the best	of my knowledge and belief it is true, cor	rect and complete
Type or Print Name of	Treasurer Michael G	iolden	
Signature of Treasurer	Electronically Filed by Mic	chael Golden	Date 01 / 031 / 2007
NOTE: Submission of fal	·	nation may subject the person signing thi	is Statement to the penalties of 2 U.S.C. S437g. TED WITHIN 10 DAYS
Office Use Only		For further information Federal Election Control Free 800-424-9	pmmission FEC FORM 1 P530 (Revised 02/2003)